

THE LEGISLATIVE REFORM IN THE NATIONAL HEALTHCARE SERVICE OF UKRAINE

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The healthcare reform in Ukraine started on October 19, 2017 when the Supreme Council of Ukraine adopted the law “On state funding guarantees for medical services and medications”. The main points of this reform are the following.

1. The National Healthcare Service of Ukraine provides a package of basic coverage to all citizens that is called a programme of healthcare guarantees. The system will be funded from general taxes such as VAT and excise tax. Each Ukrainian buying different products daily contribute 20% of the sum they spend to the state budget. A part of this money is to go to this system.

2. The first three-month preparatory phase started in January 2018. During this period medical facilities are to start the process of becoming autonomous and to join the new medical system. Local community councils have to pass a resolution making all their medical facilities autonomous, only then they can join the National Healthcare system and sign a service contract with it. This resolution will transfer all community healthcare facilities into non-commercial community enterprises thus enlarging their powers. On joining the system, a facility will receive 50% more funding for the patients who have registered on paper and 100% more for those patients who have already signed a statement with their physician. The main distinction of a non-commercial facility is that its main aim is not to make profit and pay profit taxes but to take care of community residents. All funding they receive they can direct into staff salaries. Thus, the former procedure of approving staff remuneration by local executive committees will be cancelled.

The reform foresees not financing a medical institution but financing the services provided to the patient. In the past the state allocated money for the maintenance of medical facilities and a certain number of beds. Now this money will be used for services provided to patients.

This change will entail transformations in organization, documentation and accounting systems of these facilities.

One of the main organizational changes will deal with the division of the post of the chief physician into a hospital administrator and a chief medical practitioner. The former will deal with contracts, logistics, finances, etc. Availability of a medical degree will not be necessary. The appointment to the position will be via an open competition following the standard procedure and approved by the Cabinet of Ministers. The latter, on the contrary, will deal with medical and healthcare issues. The first task of a chief medical practitioner will be to institute a treatment system based on international guidelines and the ICPC-2

European system of diagnostics. It is planned that this person will be elected via a secret ballot by physicians at the facility.

3. In April 2018 a nationwide campaign “A doctor in every family” is to launch. It presupposes that each citizen of Ukraine has to choose a family doctor and to sign a statement with them. The primary care physician is the person who is to help a patient to maintain their health for many years. Currently only few Ukrainian primary care physicians are engaged in diagnostics or treat according to guidelines. They have to send their patient to specialists. Under the new reform, their main task will be preventive care and diagnosing illnesses at earlier stages. They will be paid to be interested in it.

The healthcare reform provides that the therapist can serve up to 2,000 patients, the family doctor – 1,800 and the pediatrician – 900. On average, the state plans to allocate 210 UAH (7 EUR) per year for one patient. Article 18 of medical reform law № 2309a-d, which was adopted in April 2017, introduced the principle of “money follows the patient”, according to which hospitals and private doctors will receive direct payments for the treatment of a patient and their medical case.

4. According to this reform the establishment of hospital districts and the distribution of functions between hospitals will take place at local level. As local authorities know better the needs of their population, members of the hospital district will set up an advisory body called the *Hospital Council*, which will have to work out a district development plan for five years, reorganize and re-profile medical facilities, etc. The boundaries of the hospital districts will be formed in such a way as to ensure the access of all residents of the district to the secondary (specialized) medical care.

On passing the law on financing healthcare, the Supreme Council approved two other related bills at first reading: one on telemedicine (to provide people in remote areas with access to medical services), and another that amends the financial code of Ukraine.

The main aims of all these transformations are to make doctors be genuinely concerned about their patients, to improve substantially quality of treatment and service and to fight corruption in this sphere. The results of a survey conducted by TNS-Ukraine in 2016 show that the medical sector is the most corrupted (61% of respondents).

References

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